

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Title:: Health Monitoring System
Attorney Docket Number:: B0033/7001C3
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 27
Small Entity:: Yes
Petition Included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: A.
Family Name:: Raymond
City of Residence:: Charlestown
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 57 Ninth Street
City of Mailing Address:: Charlestown
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 02129

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Geoffrey
Middle Name:: E.
Family Name:: Gordon
City of Residence:: Boston
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 64 W. Cedar Street, #4
City of Mailing Address:: Boston
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 02114

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: B.
Family Name:: Singer
City of Residence:: Weymouth
State or Province of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 20 Gaslight Drive, #5
City of Mailing Address:: Weymouth
State or Province of Mailing Address:: Massachusett
Postal or Zip Code of Mailing Address:: 02190

Correspondence Information

Correspondence Customer Number:: 021127

Phone Number:: (617) 367-4600
Fax Number:: (617) 367-4656
E-Mail Address:: pconrad@kjpat.com

Representative Information

Representative Customer Number::	021127
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/940,129	8/27/2001
which is	Division of	09/477,986	11/23/1999
which is	Continuation of	09/001,032	12/30/1997
which is	Continuation of	08/394,157	2/24/1995

Assignee Information

Assignee Name:: Brigham and Women's Hospital
Street of Mailing Address:: 500 Rutherford Avenue
City of Mailing Address:: Charlestown
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02129